



**DECLARATION AND POWER OF
ATTORNEY FOR PATENT
APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number 42P18412

First Named Inventor Adrian P. Stephens

COMPLETE IF KNOWN

Application Number 10/796,756

Filing Date March 8, 2004

Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below, next to my name.

I believe I am the original and first inventor (if only one name listed below) or an original and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADAPTIVE TRANSMIT POWER CONTROL IN WIRELESS DEVICES

(Title of the Invention)

the specification of which

☐ is attached hereto.

OR

☒ was filed on (if applicable):

or 03/08/2004

as United States Application Number

10/796,756

PCT International Application Number

and was amended on

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application. I do not know and do not believe that the claimed invention was in public use or on sale in the United States of America more than one year prior to this application, nor do I know or believe that the invention has been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

Direct all correspondence to: ☒ Customer Number **08791** or ☐ Correspondence address below

Name Blakely, Sokoloff, Taylor & Zafman LLP			
Address 12400 Wilshire Boulevard, 7th Floor			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: **Adrian P. Stephens**
(First, Middle (if any), Family Name (or Surname), and Suffix (if any))
 Inventor's Signature *Adrian P. Stephens* Date **2 May 2004**
 Residence **Cambridge, United Kingdom** Citizenship **British**
(City, State, Country) *(Country)*
 Mailing Address **64 Lamb's Lane, Cottonham**
Cambridge, CB4-8TA United Kingdom

①

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Chih C. Tsien
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])
Inventor's Signature Chih C. Tsien Date May 05, 2004
Residence San Diego, California USA Citizenship Canada
(City, State, Country) (Country)
Mailing Address 7131 Park Village Rd.
San Diego, California USA

NAME OF THIRD INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])
Inventor's Signature _____ Date _____
Residence _____ Citizenship _____
(City, State, Country) (Country)
Mailing Address _____

NAME OF FOURTH INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])
Inventor's Signature _____ Date _____
Residence _____ Citizenship _____
(City, State, Country) (Country)
Mailing Address _____

NAME OF FIFTH INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: _____
(First, Middle [if any], Family Name (or Surname), and Suffix [if any])
Inventor's Signature _____ Date _____
Residence _____ Citizenship _____
(City, State, Country) (Country)
Mailing Address _____
